

ciation has gone on record as opposing this measure. If the professional angles of this bill are not enough, let the doctor remember that state taxes would be increased \$135,000,000 the first year under this bill and an eventual \$235,000,000 as the plan progressed. Even these estimates might be too low if a flood of potential old-age assistance recipients from other states came to California, drawn by the magnet of something for nothing.

Proposition Number 13 has not been acted upon officially by the Association, but the sentiment of most doctors seems to be against it. This bill would bring about a reapportionment in the State Senate, basing Senate representation on a population basis instead of an area basis, as at present. The four most populous counties would have 21 senators under the proposals of this bill, as compared with four at present. Conversely, the rural counties of the state would lose their Senate representation. The State Legislature would be composed of 48 assemblymen from four counties, out of a total of 80 assemblymen, and 21 senators from these same counties out of a total of 40. If the rural areas are to retain any vestige of a

voice in the Legislature, and if the system of checks and balances now existing in the Federal and in state government is to be maintained for the State of California, this bill will be defeated. If this is done, California will continue to operate on the same basis as the Federal Government, where the House of Representatives is apportioned on a population basis and the Senate on an area basis.

As a matter of policy the California Medical Association refrains from entering into any controversial legislative or elective issue except where the art or practice of medicine is directly concerned. The remarks made here are in line with this policy, and the actions of the Council and legislative committee of the Association bear out the same thought. On the other hand, the Association retains its right to suggest fundamental concepts in the exercise of individual rights in a free election. Two such basic principles which suffer not at all from reiteration, occur at this moment. First, know your candidates and your ballot propositions and decide which side you wish to support. Second, and more important, get out on November 2, 1948, and VOTE.



Letters to the Editor . . .

San Diego

Editor, CALIFORNIA MEDICINE

Dear Sir:

I am keenly interested in the thought behind your recent editorial in CALIFORNIA MEDICINE on the "easy bruiser" and medical care plans. I am thoroughly convinced that it is high time the physician members of C.P.S. define more exactly than has been done, up to the present time, the nature of the obligation which the physician assumes in respect to the cost of medical care.

I would like to submit for your consideration the following definition of this obligation:

Organized medicine (defined as ethical private practitioners of medicine) should assume the obligation of making provision for all non-indigent citizens who give medical service a high priority expense rating, an opportunity to obtain private medical care of high quality. For those citizens of limited income all encouragement should be given to commercial plans and all effort should be made through C.P.S. policies to accomplish the above-stated goal. In order to avoid the inevitable abuses which will result in excessive premiums or inferior quality of medical care, the insured individuals should be required to pay directly to the physician part of the expense of all medical service received.

To effectuate such a policy two devices may be used. First, through indemnification the insured may receive a stated amount for particular services. The insured will pay the difference between this amount

and the fee charged. The second method would be for the insured to pay a stated amount and/or per cent of the fee, and the balance covered by the insurance. Extension of insurance coverage to minor conditions will, I am sure, lead to constantly increasing premiums or the alternative of constantly decreasing quality of care received. I would, personally, like to see C.P.S. investigate the possibility of selling a policy competing with present C.P.S. policies incorporating the above ideas. I would be surprised if such competing policy would not find itself in an ever increasing position of strength in relation to the present type coverage. Its strength would lie in the fact that it does not remove personal financial responsibility from the insured. Personally I would favor the per cent rather than the fixed amount of deductibility. A two-thirds/one-third division between insurance and responsibility would appeal to me.

Before closing I would like to state further that I have noted a continuous and ever-increasing tendency on the part of persons insured under the Blue Cross Hospitalization plan to ever-increasing use of this insurance. I feel that the same competing type of hospitalization policy is worthy of trial. Here, again, I would suggest something in the nature of a two-thirds/one-third division after, let us say, the first \$25.00 of hospitalization expense.

Sincerely yours,
WILLIAM C. BLACK, M.D.